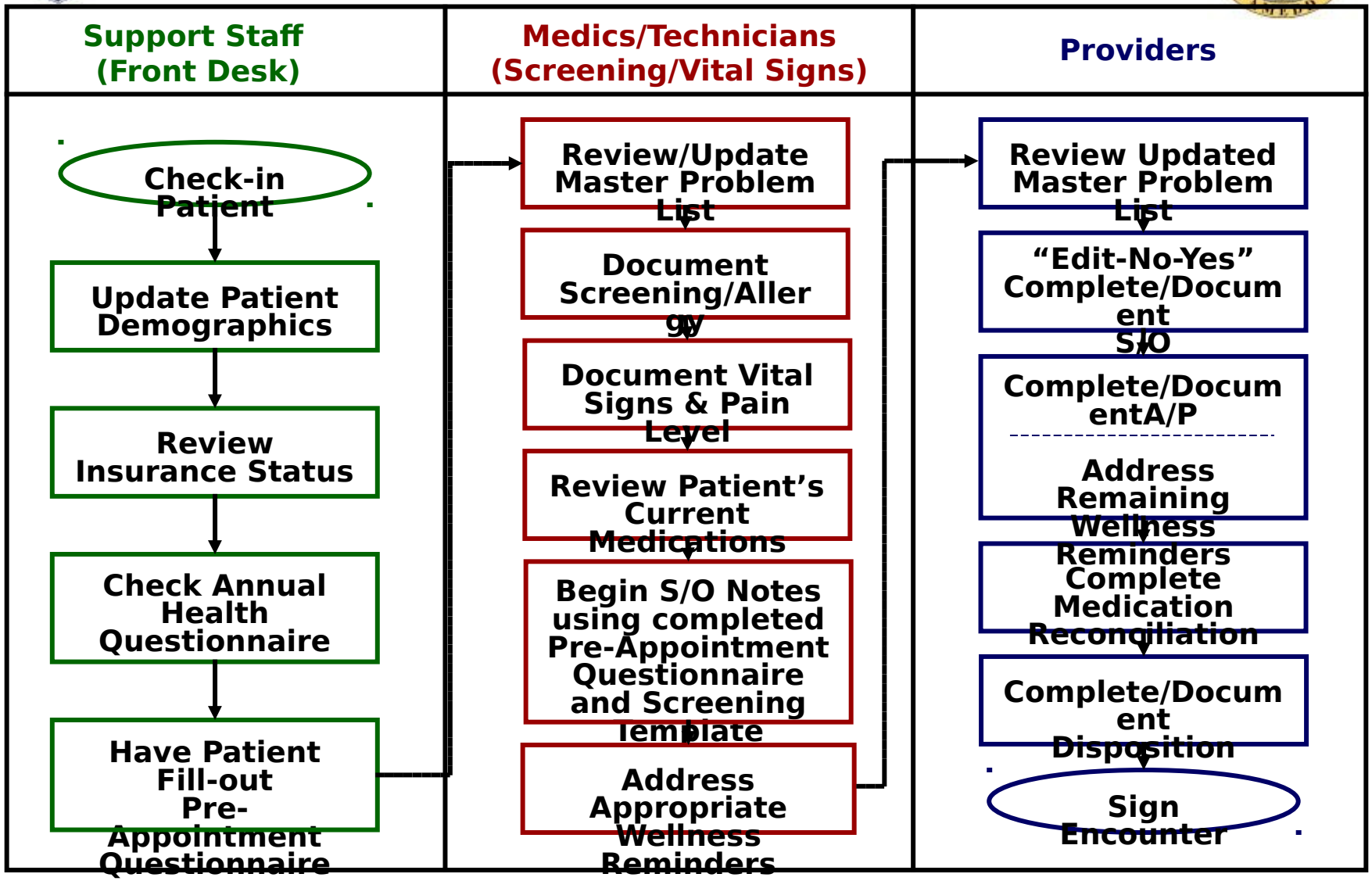
Outcome-based Clinical Care Process Support Staff

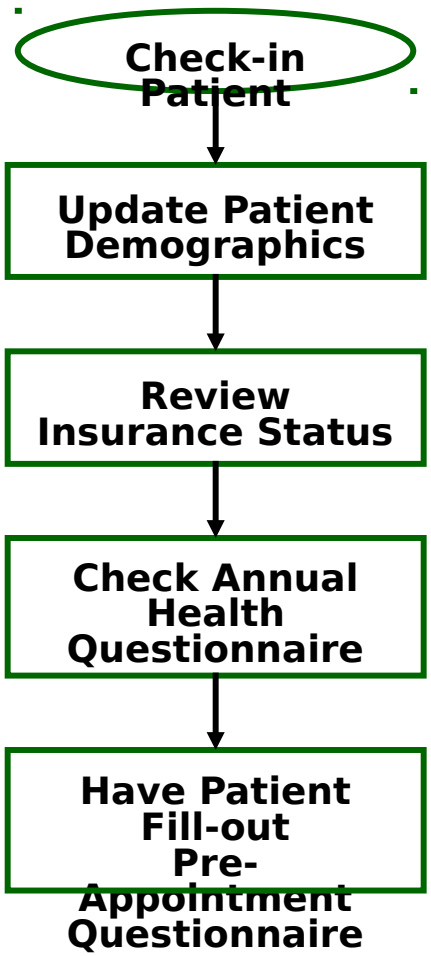
Outcome-based Clinical Care Process

(from AMEDD AHLTA Guide to Improved Healthcare Outcomes)



Outcome-based Clinical Care Process
(from AMEDD AHLTA Guide to Improved Healthcare Outcomes)

Support Staff (Front Desk)



Outcome-based Clinical Care Process
Front Desk Staff

MACRO

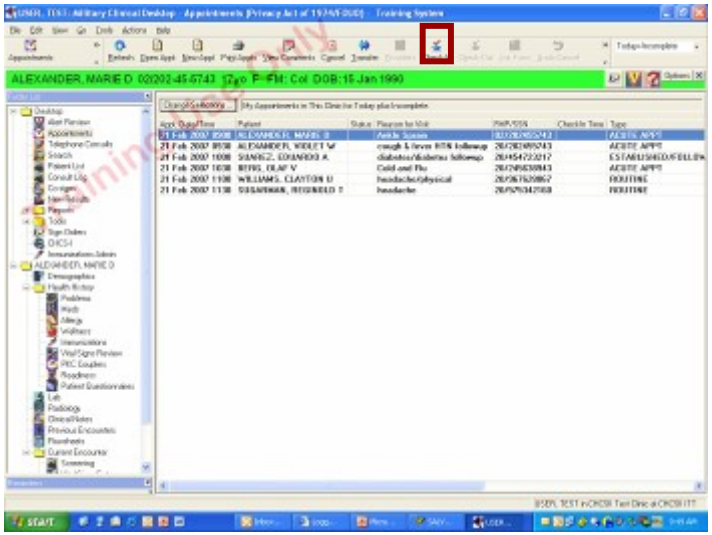
- Check-in Patient
- Update Patient Demographics
- Review Insurance Status
- Check Annual Health Questionnaire
- Have Patient Fill-out Pre-Appointment Questionnaire

MICRO

- Open Appointment Module
- Select/Highlight Appointment
- Click 'Check-in' on Action Bar
- Print SF600 with Problems and Medications Autocites

  Ask Patient to Review/Update

AHLTA SUPPORT



Outcome-based Clinical Care Process
Front Desk Staff

MACRO

MICRO

AHLTA SUPPORT

Check-in Patient

Update Patient Demographics

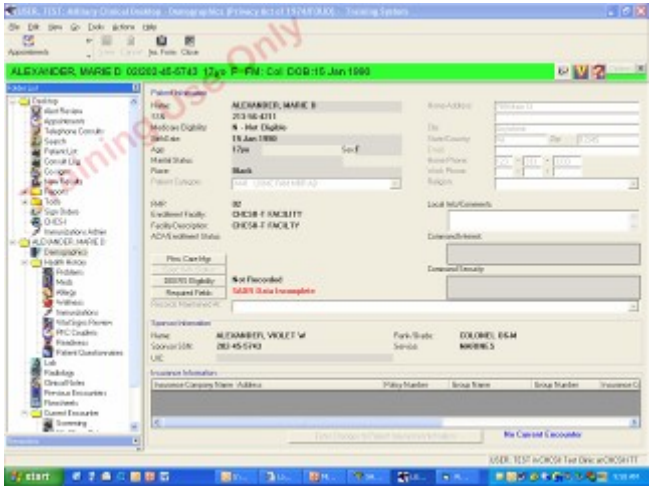
Review Insurance Status

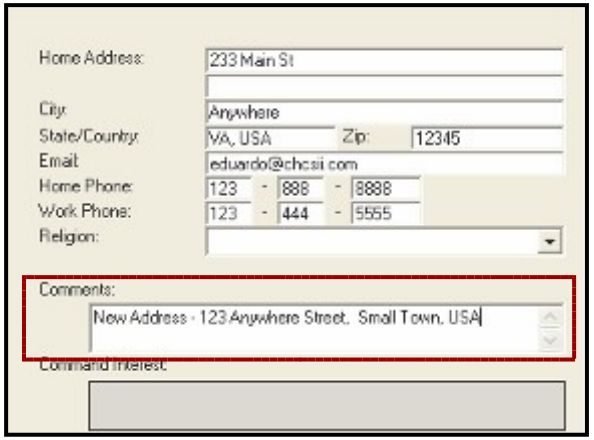
Check Annual Health Questionnaire

Have Patient Fill-out Pre-Appointment Questionnaire

Open Demographics Module

Enter/Update Appropriate Information (e.g. address, unit or duty station, telephone number, etc) in 'Comments' field.



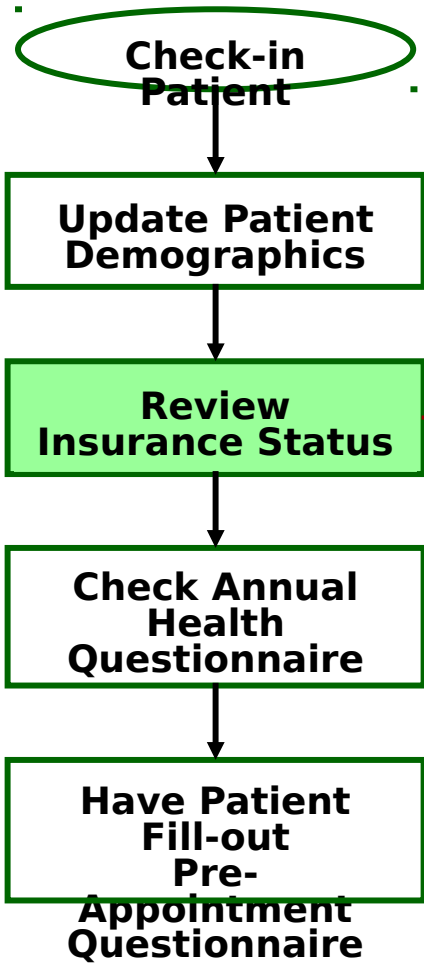


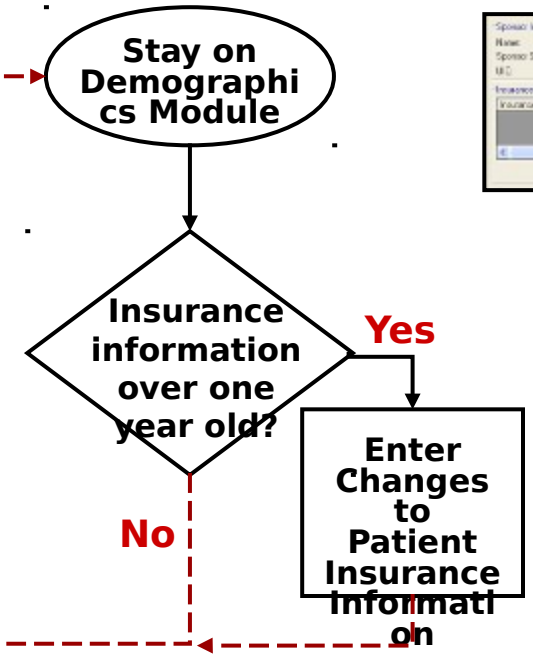
Outcome-based Clinical Care Process
Front Desk Staff

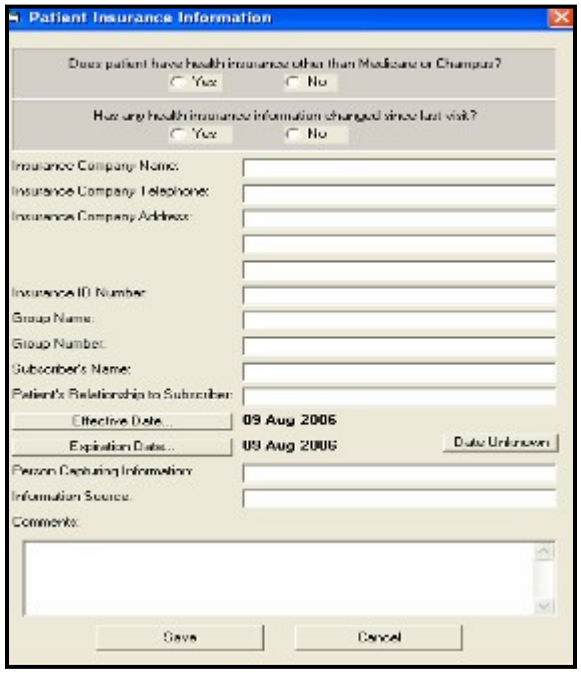
MACRO

MICRO

AHLTA SUPPORT







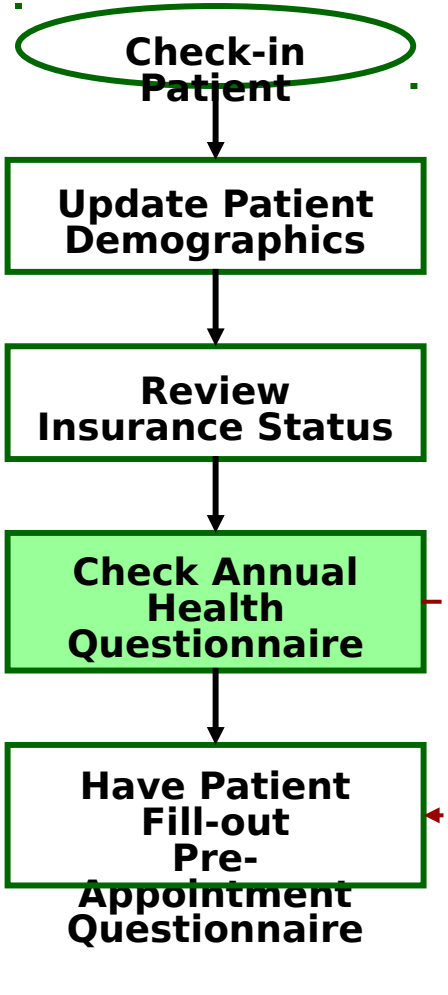
(currently using Form 2569 for this part of the p

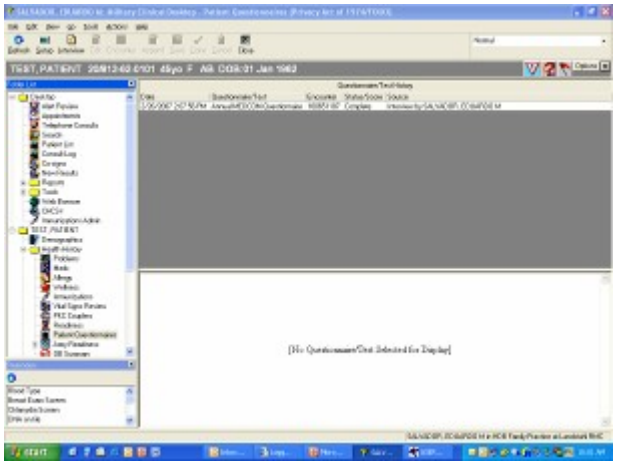
Outcome-based Clinical Care Process
Front Desk Staff

MACRO

MICRO

AHLTA SUPPORT





Outcome-based Clinical Care Process
Front Desk Staff

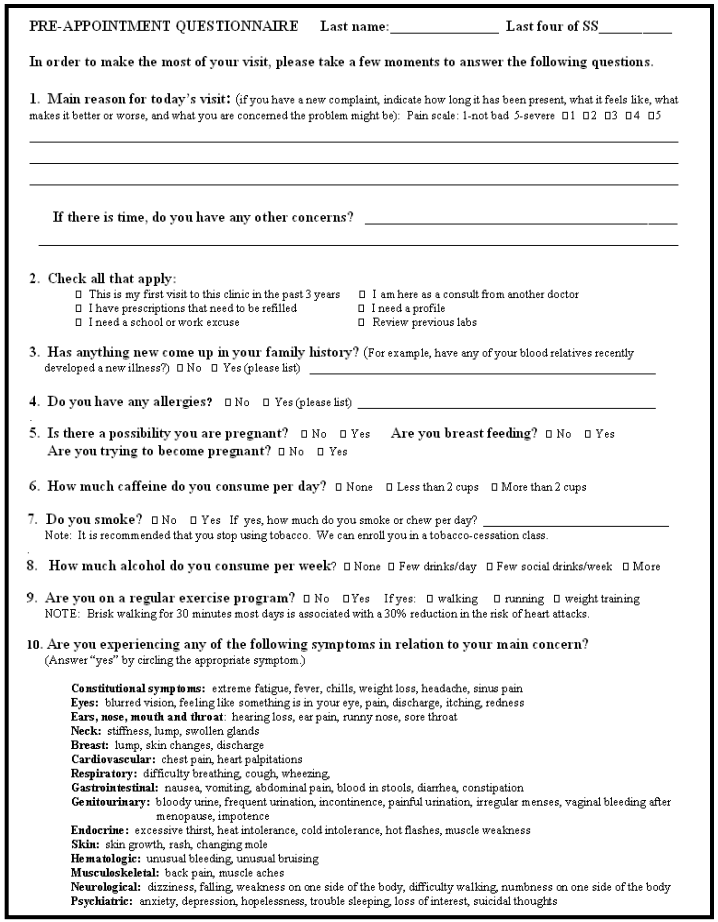
MACRO

- Check-in Patient
- Update Patient Demographics
- Review Insurance Status
- Check Annual Health Questionnaire
- Have Patient Fill-out Pre-Appointment Questionnaire

MICRO

- Print out Pre-Appointment Questionnaire
- Ask Patient to Complete Pre-Appointment Questionnaire
- Go to Next Step

NON-AHLTA SUPPORT



PRE-APPOINTMENT QUESTIONNAIRE Last name:_____ Last four of SS_____

In order to make the most of your visit, please take a few moments to answer the following questions.

1. **Main reason for today's visit:** (if you have a new complaint, indicate how long it has been present, what it feels like, what makes it better or worse, and what you are concerned the problem might be): Pain scale: 1-not bad 5-severe ☐1 ☐2 ☐3 ☐4 ☐5

_____

_____

_____

If there is time, do you have any other concerns? _____

_____

2. **Check all that apply:**
   - ☐ This is my first visit to this clinic in the past 3 years
   - ☐ I have prescriptions that need to be refilled
   - ☐ I need a school or work excuse
   - ☐ I am here as a consult from another doctor
   - ☐ I need a profile
   - ☐ Review previous labs

3. **Has anything new come up in your family history?** (For example, have any of your blood relatives recently developed a new illness?) ☐ No ☐ Yes (please list) _____

4. **Do you have any allergies?** ☐ No ☐ Yes (please list) _____

5. **Is there a possibility you are pregnant?** ☐ No ☐ Yes **Are you breast feeding?** ☐ No ☐ Yes **Are you trying to become pregnant?** ☐ No ☐ Yes

6. **How much caffeine do you consume per day?** ☐ None ☐ Less than 2 cups ☐ More than 2 cups

7. **Do you smoke?** ☐ No ☐ Yes If yes, how much do you smoke or chew per day? _____
   Note: It is recommended that you stop using tobacco. We can enroll you in a tobacco-cessation class.

8. **How much alcohol do you consume per week?** ☐ None ☐ Few drinks/day ☐ Few social drinks/week ☐ More

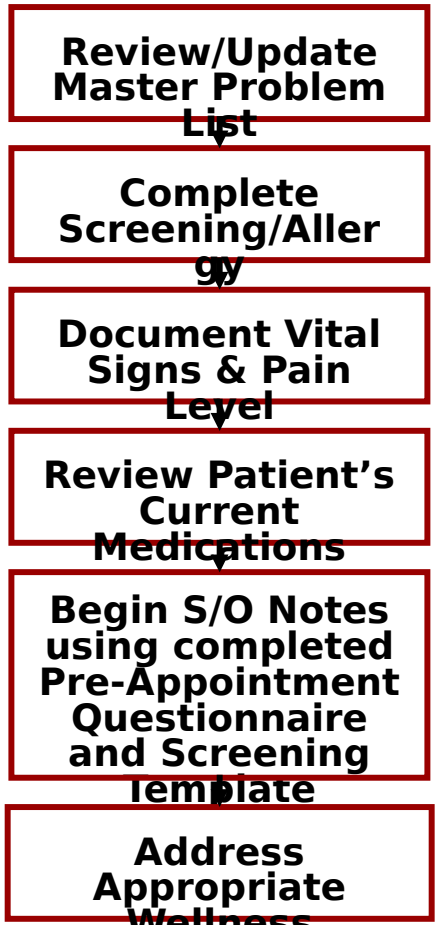
9. **Are you on a regular exercise program?** ☐ No ☐ Yes If yes: ☐ walking ☐ running ☐ weight training
   NOTE: Brisk walking for 30 minutes most days is associated with a 30% reduction in the risk of heart attacks.

10. **Are you experiencing any of the following symptoms in relation to your main concern?**
    (Answer "yes" by circling the appropriate symptom.)

    Constitutional symptoms: extreme fatigue, fever, chills, weight loss, headache, sinus pain
    Eyes: blurred vision, feeling like something is in your eye, pain, discharge, itching, redness
    Ears, nose, mouth and throat: hearing loss, ear pain, runny nose, sore throat
    Neck: stiffness, lump, swollen glands
    Breast: lump, skin changes, discharge
    Cardiovascular: chest pain, heart palpitations
    Respiratory: difficulty breathing, cough, wheezing,
    Gastrointestinal: nausea, vomiting, abdominal pain, blood in stools, diarrhea, constipation
    Genitourinary: bloody urine, frequent urination, incontinence, painful urination, irregular menses, vaginal bleeding after menopause, impotence
    Endocrine: excessive thirst, heat intolerance, cold intolerance, hot flashes, muscle weakness
    Skin: skin growth, rash, changing mole
    Hematologic: unusual bleeding, unusual bruising
    Musculoskeletal: back pain, muscle aches
    Neurological: dizziness, falling, weakness on one side of the body, difficulty walking, numbness on one side of the body
    Psychiatric: anxiety, depression, hopelessness, trouble sleeping, loss of interest, suicidal thoughts

Outcome-based Clinical Care Process
(from AMEDD AHLTA Guide to Improved Healthcare Outcomes)

Medics/Technicians (Screening/Vital Signs)


Review/Update Master Problem List
Complete Screening/Allergy
Document Vital Signs & Pain Level
Review Patient's Current Medications
Begin S/O Notes using completed Pre-Appointment Questionnaire and Screening Template
Address Appropriate Wellness Reminders

Outcome-based Clinical Care Process
Screening/Vital Signs Medic

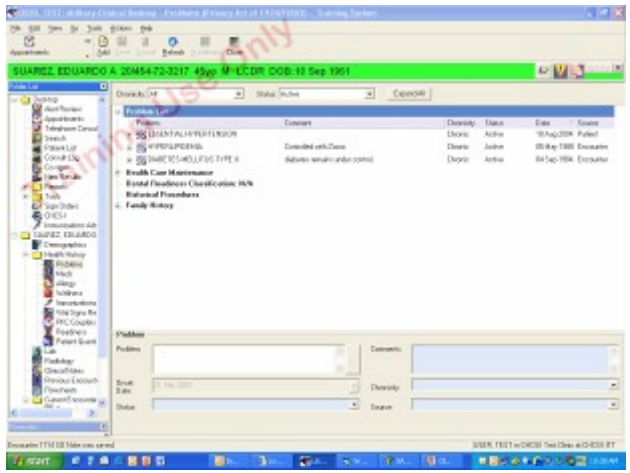
MACRO

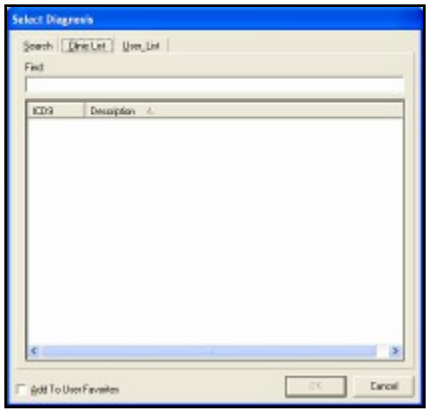
- Review/Update Master Problem List
- Document Screening/Allergy
- Document Vital Signs & Pain Level
- Review Patient's Current Medications
- Begin S/O Notes using completed Pre-Appointment Questionnaire and Screening Template
- Address Appropriate Wellness Reminders

MICRO

- Open the Problems Module
- Select (Expand) Problems List, Historical Procedures, and/or Family History
- Add to the List?
  - Yes → Select 'ADD' on Action Bar → Search/Add from Medcin
  - No
- Remove from the List?
  - Yes → Change Status
  - No

AHLTA SUPPORT





Outcome-based Clinical Care Process
Screening/Vital Signs Medic

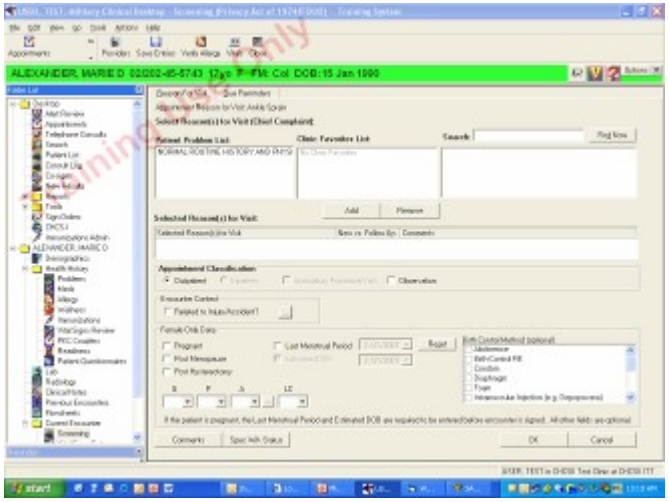
MACRO

- Review/Update Master Problem List
- Document Screening/Allergy
- Document Vital Signs & Pain Level
- Review Patient's Current Medications
- Begin S/O Notes using completed Pre-Appointment Questionnaire and Screening Template
- Address Appropriate Wellness Reminders

MICRO

- Open Screening Module
- Enter Chief Complaint(s)
  Select from Problem List, Clinic Complaints List, or search from Medcin
- Document Encounter Context
  Related to Injury/Accident?
- Document Female Data

AHLTA SUPPORT

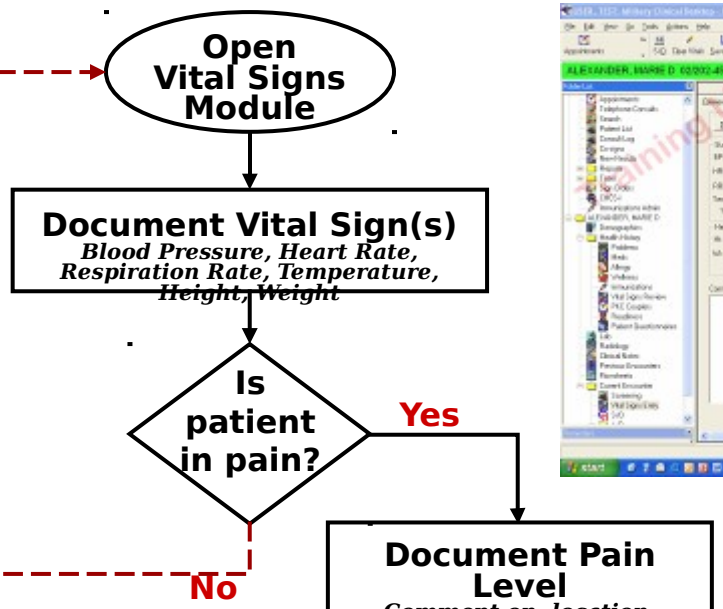


Outcome-based Clinical Care Process
Screening/Vital Signs Medic

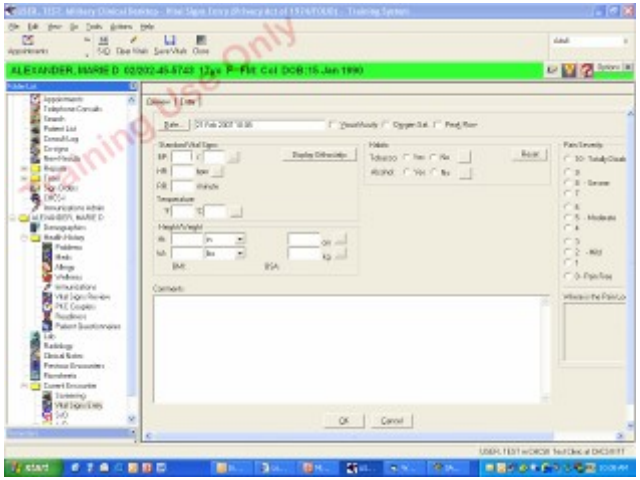
MACRO

- Review/Update Master Problem List
- Document Screening/Allergy
- **Document Vital Signs & Pain Level**
- Review Patient's Current Medications
- Begin S/O Notes using completed Pre-Appointment Questionnaire and Screening Template
- Address Appropriate Wellness Reminders

MICRO


Open Vital Signs Module
Document Vital Sign(s)
Blood Pressure, Heart Rate, Respiration Rate, Temperature, Height, Weight
Is patient in pain?
Yes
No
Document Pain Level
Comment on location, duration, current treatment, etc.

AHLTA SUPPORT



Outcome-based Clinical Care Process
Screening/Vital Signs Medic

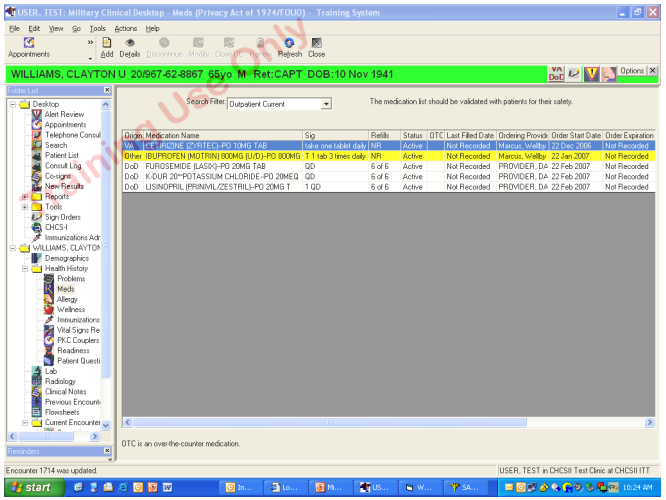
MACRO

- Review/Update Master Problem List
- Document Screening/Allergy
- Document Vital Signs & Pain Level
- Review Patient's Current Medications
- Begin S/O Notes using completed Pre-Appointment Questionnaire and Screening Template
- Address Appropriate Wellness Reminders

MICRO

- Open the Medications Module
- Select the Appropriate Search Filter
  i.e. Outpatient Current
- Add Medication? (OTC)
  - Yes → Select 'ADD' on Action Bar
  - No → Begin S/O Notes using completed Pre-Appointment Questionnaire and Screening Template

AHLTA SUPPORT



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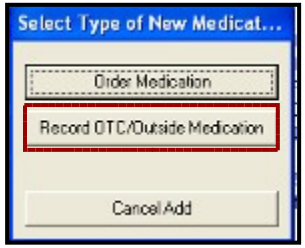


Outcome-based Clinical Care Process
Screening/Vital Signs Medic

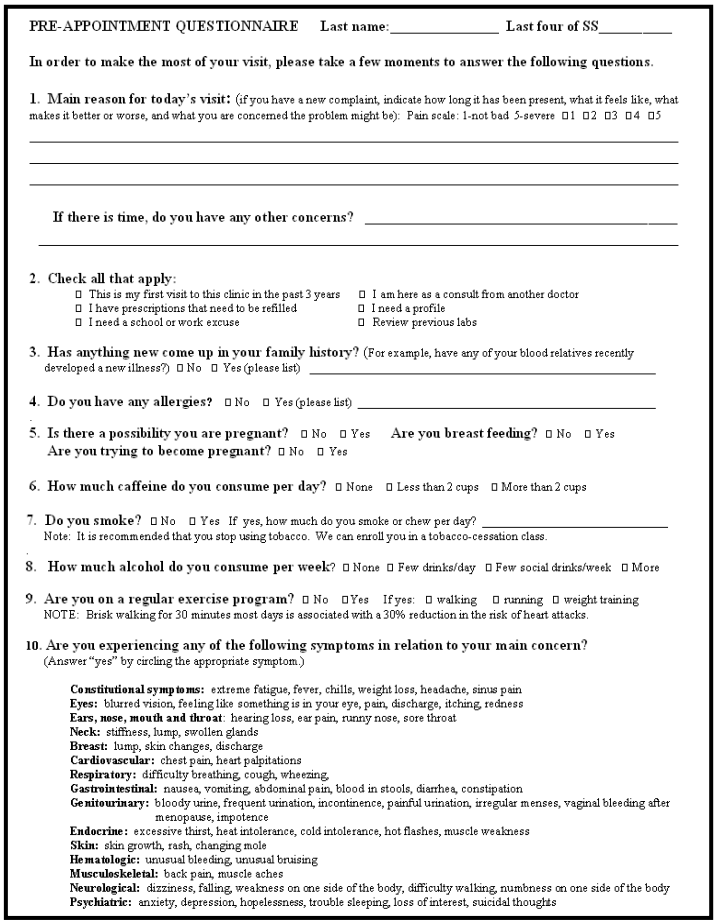
MACRO

- Review/Update Master Problem List
- Document Screening/Allergy
- Document Vital Signs & Pain Level
- Review Patient's Current Medications
- Begin S/O Notes using completed Pre-Appointment Questionnaire and Screening Template
- Address Appropriate Wellness Reminders

MICRO

- Open S/O Module
- Load S/O Screening Template *(if not using as default)*
- Document HPI, PMH & ROS *Transcribe from Pre-Appointment Questionnaire*

NON-AHLTA SUPPORT



PRE-APPOINTMENT QUESTIONNAIRE Last name:_____ Last four of SS_____

In order to make the most of your visit, please take a few moments to answer the following questions.

1. **Main reason for today's visit:** (if you have a new complaint, indicate how long it has been present, what it feels like, what makes it better or worse, and what you are concerned the problem might be): Pain scale: 1-not bad 5-severe ☐1 ☐2 ☐3 ☐4 ☐5

_____

_____

_____

If there is time, do you have any other concerns? _____

_____

2. **Check all that apply:**
   - ☐ This is my first visit to this clinic in the past 3 years
   - ☐ I have prescriptions that need to be refilled
   - ☐ I need a school or work excuse
   - ☐ I am here as a consult from another doctor
   - ☐ I need a profile
   - ☐ Review previous labs

3. **Has anything new come up in your family history?** (For example, have any of your blood relatives recently developed a new illness?) ☐ No ☐ Yes (please list) _____

4. **Do you have any allergies?** ☐ No ☐ Yes (please list) _____

5. **Is there a possibility you are pregnant?** ☐ No ☐ Yes **Are you breast feeding?** ☐ No ☐ Yes **Are you trying to become pregnant?** ☐ No ☐ Yes

6. **How much caffeine do you consume per day?** ☐ None ☐ Less than 2 cups ☐ More than 2 cups

7. **Do you smoke?** ☐ No ☐ Yes If yes, how much do you smoke or chew per day? _____
   Note: It is recommended that you stop using tobacco. We can enroll you in a tobacco-cessation class.

8. **How much alcohol do you consume per week?** ☐ None ☐ Few drinks/day ☐ Few social drinks/week ☐ More

9. **Are you on a regular exercise program?** ☐ No ☐ Yes If yes: ☐ walking ☐ running ☐ weight training
   NOTE: Brisk walking for 30 minutes most days is associated with a 30% reduction in the risk of heart attacks.

10. **Are you experiencing any of the following symptoms in relation to your main concern?**
    (Answer "yes" by circling the appropriate symptom.)

Constitutional symptoms: extreme fatigue, fever, chills, weight loss, headache, sinus pain
Eyes: blurred vision, feeling like something is in your eye, pain, discharge, itching, redness
Ears, nose, mouth and throat: hearing loss, ear pain, runny nose, sore throat
Neck: stiffness, lump, swollen glands
Breast: lump, skin changes, discharge
Cardiovascular: chest pain, heart palpitations
Respiratory: difficulty breathing, cough, wheezing,
Gastrointestinal: nausea, vomiting, abdominal pain, blood in stools, diarrhea, constipation
Genitourinary: bloody urine, frequent urination, incontinence, painful urination, irregular menses, vaginal bleeding after menopause, impotence
Endocrine: excessive thirst, heat intolerance, cold intolerance, hot flashes, muscle weakness
Skin: skin growth, rash, changing mole
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Musculoskeletal: back pain, muscle aches
Neurological: dizziness, falling, weakness on one side of the body, difficulty walking, numbness on one side of the body
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_____

_____

_____

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_____

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- ☐ This is my first visit to this clinic in the past 3 years
- ☐ I have prescriptions that need to be refilled
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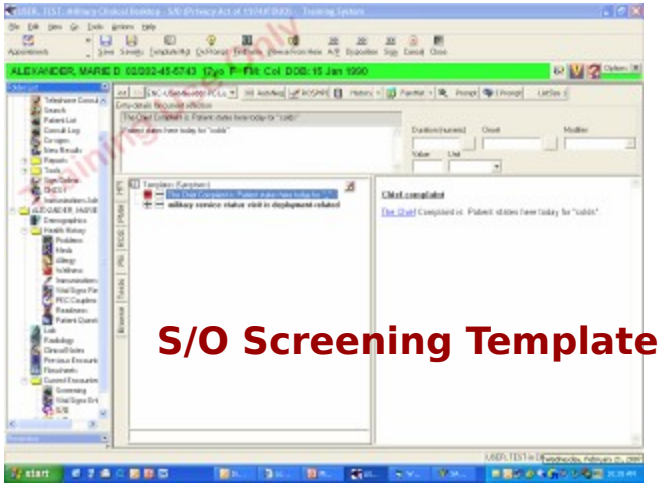
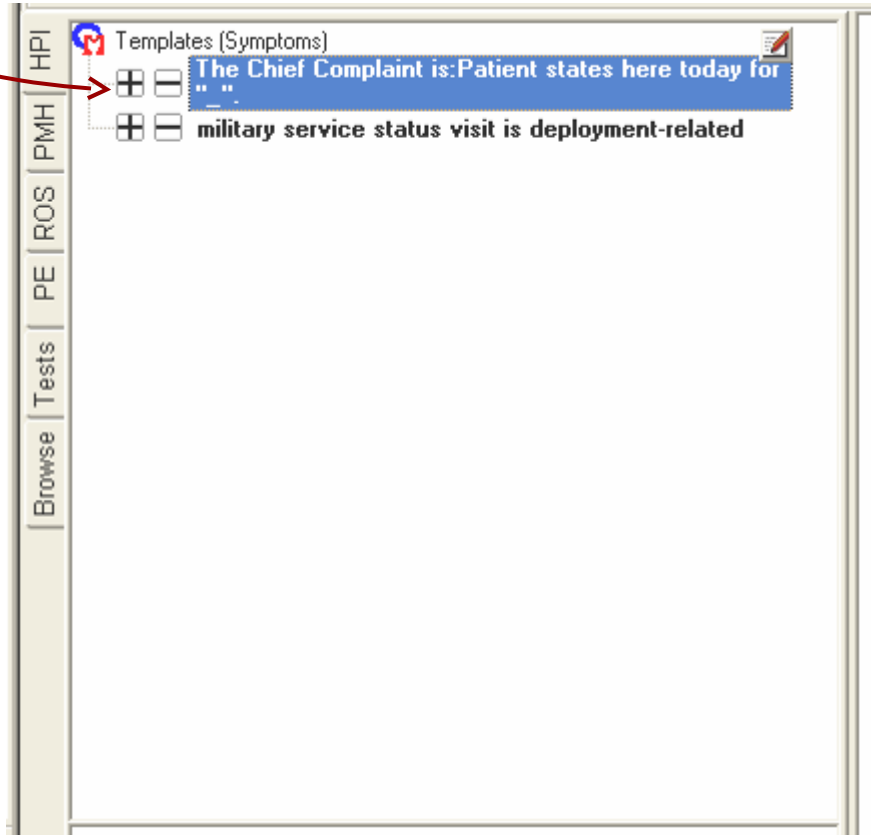
- ☐ I am here as a consult from another doctor
- ☐ I need a profile
- ☐ Review previous labs

S/O SCREENING TEMPLATE (HPI)



S/O Screening Template



3. **Has anything new come up in your family history?** (For example, have any of your blood relatives recently developed a new illness?) ☐ No ☐ Yes (please list) _____

4. **Have you developed any new allergies?** ☐ No ☐ Yes (please list) _____

5. **Is there a possibility you are pregnant?** ☐ No ☐ Yes **Are you breast feeding?** ☐ No ☐ Yes
Are you trying to become pregnant? ☐ No ☐ Yes

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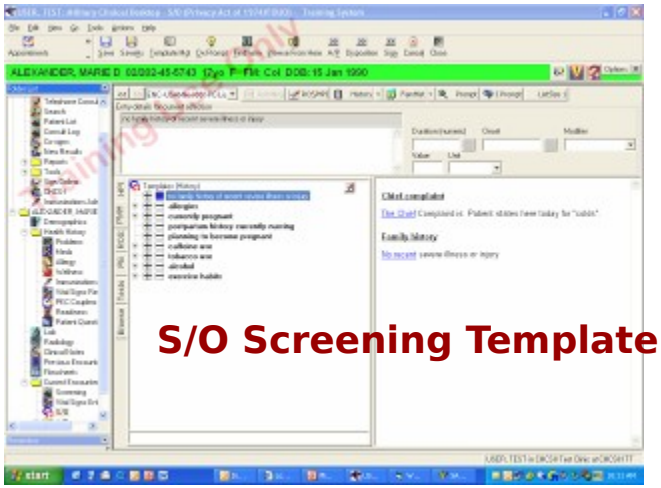
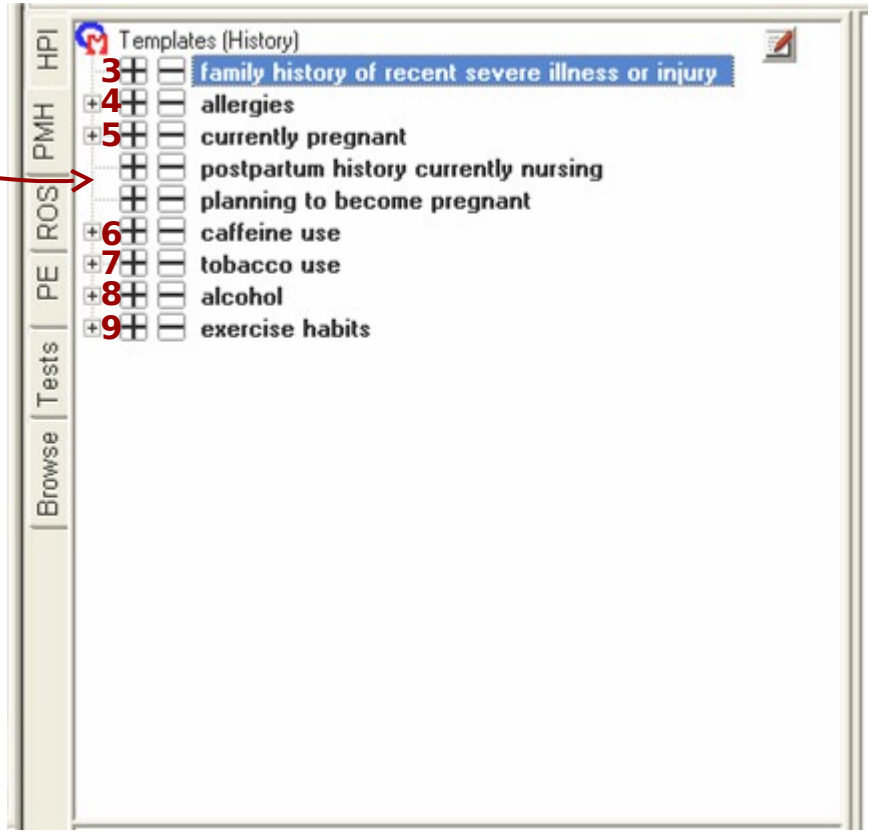
9. **Are you on a regular exercise program?** ☐ No ☐ Yes If yes: ☐ walking ☐ running ☐ weight training
NOTE: Brisk walking for 30 minutes most days is associated with a 30% reduction in the risk of heart attacks.

S/O SCREENING TEMPLATE (PMH)



S/O Screening Template



9. **Are you on a regular exercise program?** ☐ No ☐ Yes If yes: ☐ walking ☐ running ☐ weight training
NOTE: Brisk walking for 30 minutes most days is associated with a 30% reduction in the risk of heart attacks.

10. **Are you experiencing any of the following symptoms in relation to your main concern?**
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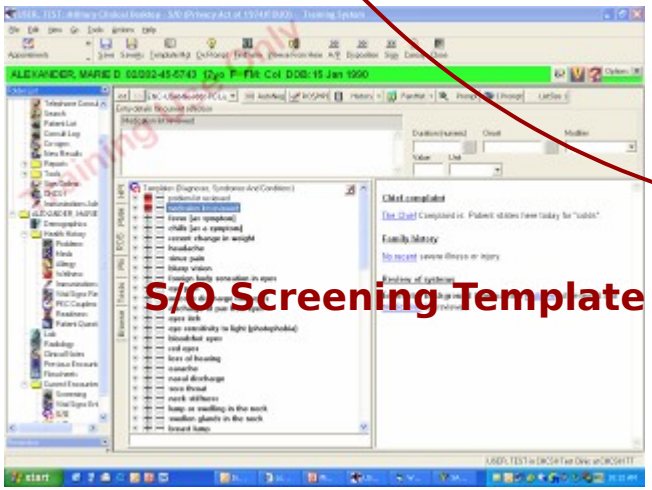
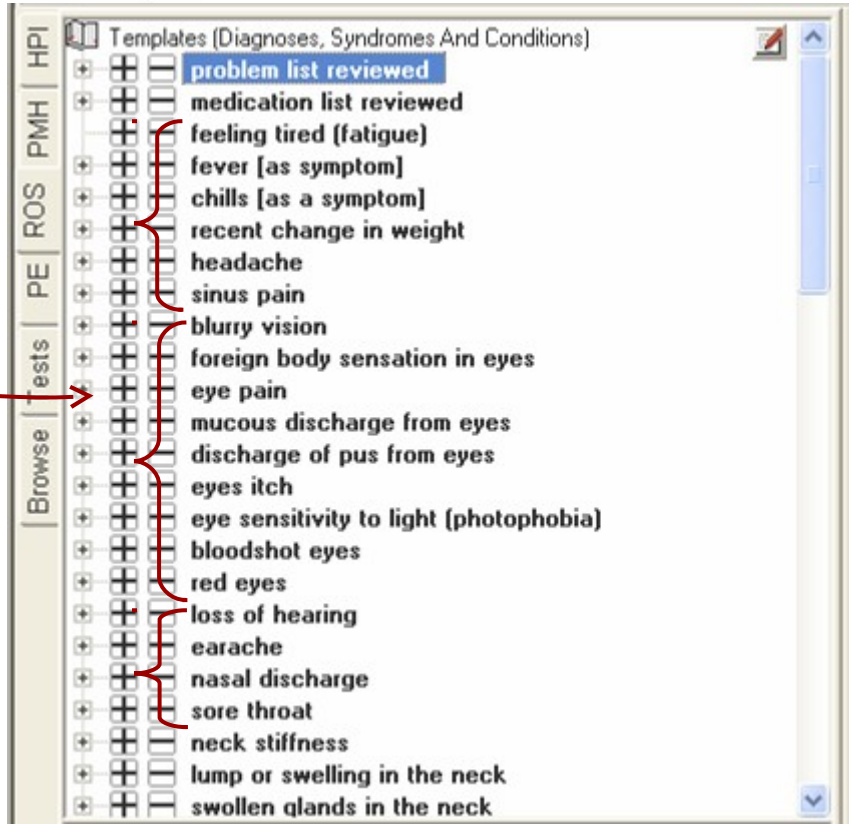
S/O SCREENING TEMPLATE (ROS)



S/O Screening Template



Outcome-based Clinical Care Process
Screening/Vital Signs Medic

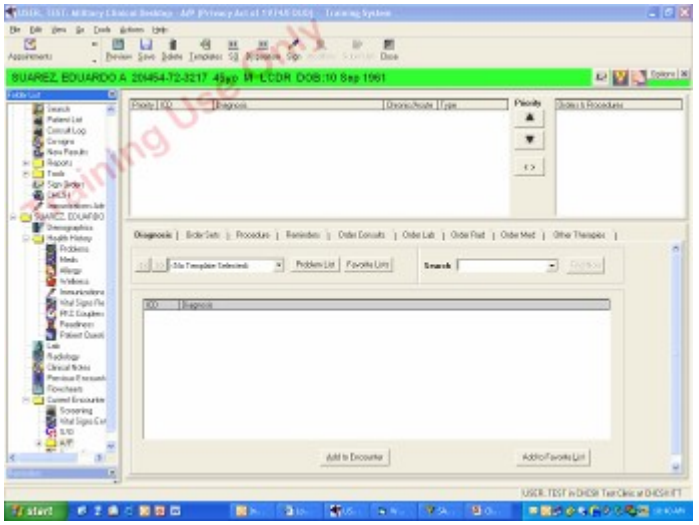
MACRO

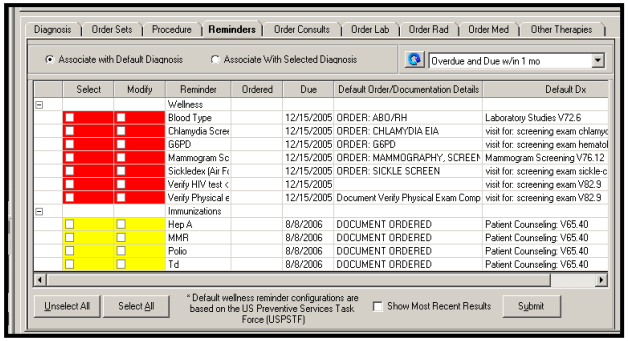
- Review/Update Master Problem List
- Document Screening/Allergy
- Document Vital Signs & Pain Level
- Review Patient's Current Medications
- Begin S/O Notes using completed Pre-Appointment Questionnaire and Screening Template
- Address Appropriate Wellness Reminders

MICRO

- Open the A/P Module
- Select Appropriate Wellness Reminder(s) to be addressed
- Click the 'Submit' button
- Click the 'Refresh' button on the Reminders Panel
- Go to Next Step

AHLTA SUPPORT

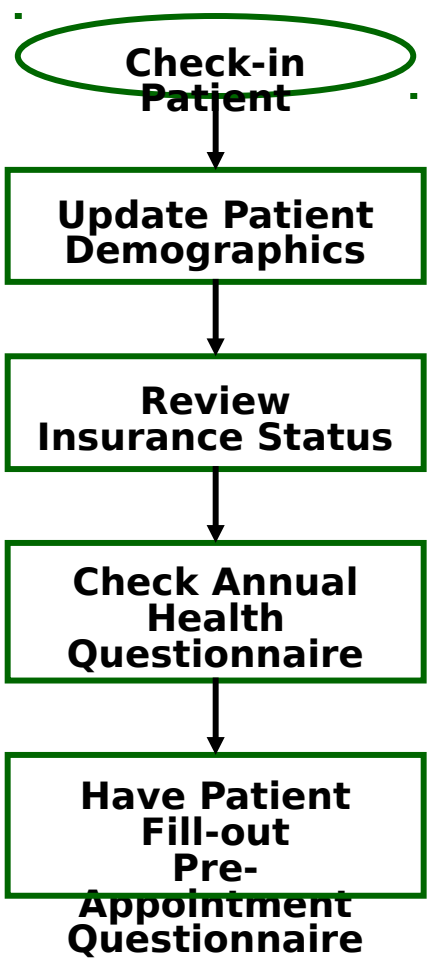




AHLTA
Process Outline

Outcome-based Clinical Care Process

Support Staff (Front Desk)

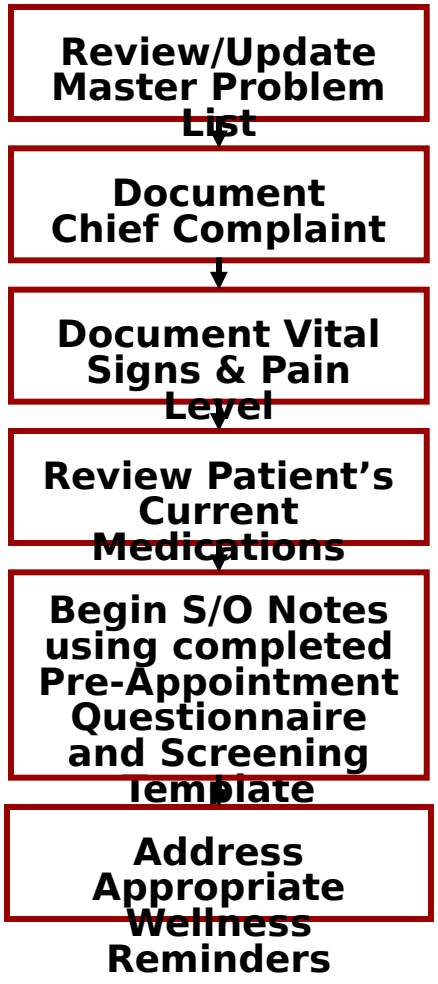


- Basic Navigation: Title Bar, Menu Bar, Action Bar, Patient ID Bar, Folder List, Remi, Status Bar, Tool Bar, Shortcuts
- Search Module
- Appointment Module (Change Selections)
- Check-in, Transfer, Cancel Appointments, Status
- New Appointment
- Demographics (Local Info/Comments)
- Insurance Information
- Patient Questionnaire
- Questionnaire Set-up

(Not in AHLTA)

Outcome-based Clinical Care Process

Medics/Technicians (Screening/Vital Signs)


Review/Update Master Problem List
Document Chief Complaint
Document Vital Signs & Pain Level
Review Patient's Current Medications
Begin S/O Notes using completed Pre-Appointment Questionnaire and Screening Template
Address Appropriate Wellness Reminders

- ❑ Problems Module (Master Problem List)
- ❑ Screening Module
- ❑ List Management (or Favorites Lists)
  - Diagnosis
  - Procedures
  - Complaints
- ❑ Allergy Module
- ❑ Vital Signs Module
- ❑ Meds Module
- ❑ Meds Reconciliation
- ❑ S/O Module
- ❑ MedCin
- ❑ S/O Notes
- ❑ S/O Template (List, AIM Form)
- ❑ Wellness Reminders
- ❑ Reminders Pane
- ❑ Reminders Tab
- ❑ Wellness Module

Summary

- Use of efficiency tools
  - Encounter Templates/Order Sets
    - Consider using Reports to customize Templates
  - Dx Prompt/Prompt
  - Default Template
- Focus on Health Care Team approach to documentation